

# Nottingham Community Housing Association Limited

## Patrick Court

### Inspection report

37 Duke Street  
Burton Latimer  
Kettering  
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Date of inspection visit:  
26 May 2017  
06 June 2017

Date of publication:  
17 August 2017

### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This inspection took place on the 26 May and 6 June 2017. Patrick Court provides supported living to people in their own homes across two sites in Northamptonshire. At the time of our inspection there were 13 people receiving care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and senior management team at Patrick Court were visible, approachable and acted as a role model for staff within the service. There was a clearly articulated person centred culture. Staff were encouraged and enabled to work creatively which achieved consistently outstanding outcomes for the people receiving care and support. There was a strong system of quality assurance led by the provider and registered manager that ensured people consistently received exceptional care and support.

The people receiving care from Patrick Court had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community.

Staff were empowered to work creatively and to develop positive therapeutic relationships with people. Staff were proud of the support that they provided to people and the positive outcomes that they had observed. People had been supported to make their accommodation a home that they were comfortable living in.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. People were supported to make decisions for themselves and their consent in relation to their care was actively sought by staff. People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

The people supported by Patrick Court had complex needs and people who demonstrated behaviour that may challenge services received care that was based upon best practice guidelines that met their individual needs and successfully reduced instances of incidents within the home.

People were at the heart of the service and staff were committed to enabling people to live full, varied and fulfilled lives. People were supported in creative way to continue to achieve their aspirations and continued to have new experiences. Staff were motivated to find innovative ways to remove barriers for people to achieve have meaningful access in the community.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. People, their relatives and the professionals involved in people's care consistently told us that the service consistently achieved exceptional outcomes for people.

People could be assured that they would be supported by sufficient numbers of staff. A number of people within the home received care from staff on a one to one basis and records showed that people received the this care in the way they needed to maintain their safety.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff and good interaction was evident.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good ●

### Is the service effective?

The service was effective.

Staff received the supervision, support and training that they needed to provide effective care and support to people.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Good ●

### Is the service caring?

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good ●

### **Is the service responsive?**

The service was very responsive.

Staff worked innovatively to meet people's preferences, provide them with new experiences and enabled people to be an active part of the local community. This innovative support gave people an enhanced sense of well-being and quality of life.

People's care and support was planned in partnership with them. People were empowered, valued and listened to.

Staff were committed to enabling people to live independently and worked creatively with people to transition into an independent living environment whereby people were living in their own home.

**Outstanding** 

### **Is the service well-led?**

The service was very well-led.

The vision and values were imaginative, innovative and ensured that people were at the heart of the service.

The service worked in partnership with other agencies to make sure that they followed current best practice and provided a consistently high quality service.

There was an exceptional focus upon providing person centred care and support. The culture of the service was focussed upon providing consistently personalised care to people; this culture was understood and demonstrated by all of the staff at Patrick Court.

**Outstanding** 

# Patrick Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 26 May and 6 June 2017. This inspection was announced. We gave the provider notice of our inspection because we need to ensure that someone would be available to help facilitate the inspection.

The inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with two people receiving personal care and five members of staff. We also spoke to the registered manager for this service and met with a local health and social care commissioner. A number of people receiving care from Patrick Court were unable to communicate with us. We relied upon interviewing staff and talking to people's relatives and other professionals involved in their care to understand the experience of these people receiving care.

We reviewed the care records of three people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

## Is the service safe?

### Our findings

People received the support that they needed to maintain their safety. A number of people receiving support from Patrick Court had complex needs including behaviours that may challenge services. Staff had an excellent knowledge of people's plans of care and supported people in a consistent manner to minimise the triggers that may cause people to become unsettled. One member of staff told us, "We know that we have to support people consistently, people living here don't really like change and it can unsettle them. For example, [Person] likes to be supported with the same morning routine so we all know what order to do things in so as not to cause them anxiety."

The registered manager and senior staff reviewed incidents that had taken place whilst people were receiving support from staff at Patrick Court and analysed these for trends. Senior staff worked closely with other professionals involved in people's care to develop strategies to maintain people's safety. During this inspection we saw that the number of incidents had consistently been decreasing as a result of this analysis and the changes that had been made to the way in which people were supported by the staff at Patrick Court since people moved into their new homes.

People were protected from the risk of harm. Staff were confident in the action they should take if they were concerned about someone's safety. One member of staff told us, "If I ever had any concerns I would tell the registered manager or use our whistle blowing line. I also know that I could contact the local authority or CQC." Where appropriate the registered manager had made safeguarding alerts to the local authority and completed safeguarding investigations.

People could be assured that they would receive their prescribed medicines safely. Prior to this inspection we had noted instances of medicine errors however, during this inspection we found that the registered manager had implemented effective strategies to ensure that people received their prescribed medicines. One member of staff told us, "Before I could support anyone to have their medicines I had to be trained and then observed three times before I was competent." Staff had received training in the safe administration of medicines and everyone receiving support from Patrick Court had a detailed plan of care in place to guide staff in how to administer people's prescribed medicines safely.

There were sufficient numbers of staff to meet people's care and support needs safely. The majority of people receiving support from Patrick Court were allocated 1:1 support during the day. In addition to the 1:1 staff working directly with people there were "floating" staff onsite to provide additional support to people and to help facilitate activities and community support for people. The registered manager told us that they were in the process of recruiting additional staff to work at Patrick Court to reduce the amount of agency staff that were working in the service.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). This helped ensure that only staff of a suitable character were employed to provide people's care.

## Is the service effective?

### Our findings

People were supported by staff that had received the training, supervision and support that they required to provide effective, skilled care to people. One member of staff told us "The training is very good here. I have had lots of training and it has helped to me feel confident in working with people independently." The provider maintained accurate training records for staff and ensured that staff regularly updated their knowledge in key areas.

Staff received regular supervision from their line manager to support them to develop in their role. One member of staff told us, "I have supervision every other month but I can always get support from the manager if I need to and don't have to wait." Another member of staff told us, "I had never worked in care before but love working here. It was a steep learning curve but I had regular supervisions and lots of support from the senior staff to enable me to develop into the role."

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty when they live in their own home are made to the Court of Protection

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager had approached the local authority to request that applications be made to the Court of Protection where people had been assessed as lacking capacity to be able to consent to their care. Where the court of protection had granted these application the registered manager ensured that any conditions associated with these authorisations were adhered to.

People's care records contained information about the support they required with meal and drink preparation. Information around any special dietary requirements was also clearly outlined. People were encouraged to prepare meals for themselves where possible and people had access to drinks and snacks at all times. Staff were knowledgeable about people's food preferences and ensured that people prepared meals that they enjoyed.

People had regular access to healthcare professionals and staff were vigilant to people's changing health needs. Staff worked closely with people's allocated health professionals such as physiotherapists and nurses from the Intensive Support Team (IST). We saw feedback from these professionals commenting upon the positive support that staff had provided to people to enable them to improve their mobility and to settle in their new homes. People were supported to attend health appointments. For example, one person was

supported through the use of picture cards to prepare them for medical appointments.

## Is the service caring?

### Our findings

Staff treated people with dignity and respect. We observed that staff knocked on people's front doors prior to entering their property and that staff were aware that they were working in people's own homes. Staff referred to people using their preferred name and were respectful in all of their interactions with people using the service.

Staff knew people well; they told us about people's personalities, hobbies and what was important to them. It was evident that staff had a genuine fondness for the people they supported. We observed that staff focussed on supporting individuals in the way that they wished to be supported and had an interest in getting to know people holistically; not just their care and support needs.

Staff had developed positive relationships with the people receiving care and support and were motivated to support people to experience new opportunities. One member of staff told us, "[Person] is awesome. We have a real giggle when I am working with him. I get a real sense of pride watching people's achievements. One person who didn't really talk when they first moved into their flat now has a chat with me every time I see them. It's because we have taken our time to get to know people and we are interested in supporting them to do what they want to do."

We observed staff interacting with people receiving care. People were relaxed in the presence of staff and staff clearly knew people well. We observed staff making eye contact with people and moving to the same level as people to engage people in positive interaction. For example, we saw that one person spent time sat on the floor in their lounge using sensory items. We observed that staff were sat on the floor with this person engaging with them positively.

Many of the people receiving care from Patrick Court were unable to express their views about their care and support verbally. Therefore staff gathered feedback from people through observations about how people reacted to activities or changes in their care and used these observations to tailor the care and support that people received. Feedback was actively sought from staff from people's advocates, family members and other professionals involved in people's care to ensure that they received consistently personalised care and support. The service had also made referrals to local advocacy services to ensure that people had access to independent advocates to support and enable people to provide feedback about their care and support.

## Is the service responsive?

### Our findings

Patrick Court supported people with complex needs including behaviours that may challenge others; people had previously lived in secure settings such as hospitals. The registered manager was acutely aware of the impact on people when changing from a secure environment to moving into their own home in a community setting. For example, the manager and staff team ensured that each person had an appropriate transition plan that had been developed in conjunction with the other professionals involved in their care to enable people's move into their new home to be a positive and a successful transition. This positive transition enabled people to settle into their home successfully and contributed to people experiencing an enhanced quality of life. For example one member of staff told us "I went to work with [Person] where they used to live for quite a few weeks and shadowed the staff in that setting before starting to work directly with [Person]. That was before we even started visits to their flat. I also helped [Person] go shopping to start to choose pieces of furniture for their new home to make it into their space and to help them settle. It was important to work with [Person] to get to know them and to build a positive relationship with them so that they trusted me and the other staff to help them settle in their home." We saw that the transition for this person had been successful and that they were living in their own home with support from staff that knew them well.

The registered manager and staff were dedicated to providing a personalised transition plan and recognised that for some people this would take longer than for others. Staff worked with people and were relentless in supporting people to overcome barriers to enable them to live in their own homes. Staff and the registered manager worked creatively to develop strategies to enable people to settle in their new home successfully. For example the transition for one person had to be extended because when the time came to move into their home the person did not feel ready to stay there. This person chose to live with their relative in a different town whilst the transition to independence took place. We saw that staff chose to travel to ensure the person could transition successfully. Staff were committed to working with this person to enable them to live in their own home. We saw that staff commuted for a number of hours to work with this person because they were dedicated to enabling them to live independently in their own home and recognised that this was part of the person's transition from secure setting to their own property in the community. Staff continued to work closely with this person to build a positive, supportive relationship for a number of months until they were ready to move into their own property. Staff took photos of the person's home and supported them to purchase furniture to enable them to create their own space and a homely environment that they wanted to live in. We saw that this person was preparing to move into their own home and that the relationship with the staff from Patrick Court that they had developed were key to enabling them to develop the confidence that they needed to live independently with support.

We received feedback from a health professional who described how the process of transitioning from an institution to supported living (stepping down) had been managed by the service, they told us, "It is amazing that they [Patrick Court] have successfully supported people stepping down [leaving] or at threat of [living in] long stay hospitals and demonstrated a high quality of life for those in their care. They have also successfully integrated people into their local community connecting them with local services." Our observations throughout this inspection reinforced the views of local health professionals that Patrick Court

had enabled people to become part of the local community and to live independently with support successfully.

Staff worked creatively to enable people to access the community and to engage positively in community activities. For example, staff supported one person to go to a local garden centre because it was something that the person enjoyed doing, however, in doing so the staff had experienced initial difficulties as they recognised that the person who was living with autism would on occasion display impulsive behaviours. The staff reflected on the visits and thought of strategies to enable the person to continue the activity they enjoyed. The staff liaised with the garden centre and arranged that they would phone ahead when they were planning on supporting the person to go to the centre and that staff working the café would ensure that a cup of tea with cold water was ready so the person did not need to queue. Staff agreed with the centre that they could pay for the drink later to avoid any delays in the person being able to move around the centre which may act as a trigger for the person to become unsettled. This demonstrated the 'can do' culture of the service and the commitment of staff to develop strategies to enable people to participate in activities that people enjoy to contribute to a positive quality of life for people receiving care and support from the staff at Patrick Court.

People were supported to live fulfilled lives and to partake in new experiences. Every element of the care and support that staff provided was focused upon the preferences, aspirations and needs of people using the service. The registered manager told us, "We have a reflective learning culture here. If something isn't working then we reflect upon why and what we can change to enable it to work." For example, the Patrick Court had access to a mini bus to facilitate trips for people receiving support. This mini bus had previously been parked in the communal parking area at Patrick Court however, staff identified that this acted as a trigger for one person and caused them to become unsettled. Staff liaised with the local council and agreed that the mini bus could be parked in a local car park to remove the trigger for this person that caused them to become anxious but still ensured that it was readily accessible for other people receiving support.

Another person told staff that they wished "To feel more like a man" and to be able to go out independently. This person had never been out on their own without being supported by staff. Staff worked with this person to increase their confidence in going out; first by walking with them in the local area and then by shadowing them. We saw that this person now been out on their own and told staff when they were going. This person now knowingly wears a pendant with a GPS device built in so that they can alert staff if they encounter any difficulties enabling them to feel safe and confident when in the community independently.

The provider worked in partnership with people to develop personalised plans of care. For example; one person who had broken their leg refused to wear the large plaster cast required to immobilise the leg to enable it to heal. Staff liaised with hospital staff to explain the difficulties in managing their recovery as the person could not tolerate the cast. Staff involved the person in providing a solution; they together worked closely with the medical staff to come up with a solution to enable the person's leg to heal without causing distress. The person agreed to medical advice wear smaller casts when they were moving around their home or when in the community and agreed not to wear it if they were in bed or sat in the lounge. Staff described how the person had tolerated the smaller cast because they were in control of when to wear it and had greater choice and independence. This successfully enabled the fracture to heal and the person to regain full mobility in their leg.

Staff were provided with clear guidance on how to support people in line with people's wishes and preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines.

Staff ensured that people received the care that was outlined in their individual plans of care. For example, people who required pictorial schedules to support them to plan their day had schedules available in their home that staff had supported them to complete.

The consistent and effective support provided by staff had enabled people to settle in their own homes, become active members of the local community and achieve positive outcomes that commissioners, relatives and staff had never considered would be possible. The need for staff to use physical intervention to maintain people's safety had decreased significantly because of the consistent support that staff had provided to people and the positive relationships that had been developed between staff and people receiving support. For example, we saw that the incidents associated with one person receiving care in November 2016 were 25 however, in March 2017 had decreased to seven. This was because staff had analysed the triggers for the incidents and reviewed their approach to supporting this person to minimise instances of the triggers leading to incidents.

A number of people receiving care from staff at Patrick Court no longer required specialist intervention from the intensive support team because they had settled in their home and instances of behaviour that challenges services had decreased significantly. Many people no longer required intensive one to one support from staff because staff knew them well and had developed effective strategies to prevent incidents from taking place. For example one person who's level of anxiety at living independently had previously been so extreme that they needed staff to sleep in their flat had now been supported to find part time employment in a local pet shop and no longer required staff to sleep in their flat at night. The provider also used assistive technology effectively to enable people to live independently and to maintain their safety. For example, sensors had been placed on people's front doors to alert staff if people left their home so that staff could support them to access the community safely.

Staff managed people's anxiety exceptionally well which directly contributed to people experiencing an enhanced sense of well-being and led to reduced instances of incidents. The need for staff to access specialist training in supporting people who display behaviours that may challenge services had also decreased because people did not require staff to use physical intervention to maintain their safety. For example in November 2016 support staff were required to access a five day Management of Actual or Potential Aggression (MAPA) training course however, the registered manager had agreed with commissioners and specialist health serviced supporting people that due to the significant decrease in incidents staff were only required to complete a less intensive 2 day MAPA training course. This was because people were supported with positive behavioural support plans that recognised and managed the triggers that caused people to become unsettled and these had successfully reduced the need for staff to intervene physically to maintain people's safety.

People knew how to make a complaint and were confident that any complaints would be acted upon. We saw there were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. For example, in response to a complaint from a member of the local community about their observations in relation the way in which people were supported by staff the registered manager had provided information, support and offered training about best practice guidelines related to supporting people with behaviours who may challenge services. As well as resolving the complaint this also encouraged the local community to welcome the people that were supported by Patrick Court into the local area. People were provided with information to tell them what to do if they wanted to complain. The provider sought feedback from people's advocates when people were unable to complain themselves and used observations from staff and daily records to gather feedback from people about the support they received. In response to these observations the provider had made changes to people's staff team to ensure that people and the staff that supported them were able to develop meaningful, positive

therapeutic relationships.

## Is the service well-led?

### Our findings

The registered manager and provider worked in partnership with commissioners and specialist services to enable people to live with support independently in the community. We received feedback from one commissioner that told us, "NCHA [Provider] have worked in close partnership with commissioners and the local specialist health services to develop very bespoke supported living for people stepping down from hospital settings. This has included supporting two of our most challenging people to settle in the community. It has been a very challenging pathway and NCHA have been very person centred, positive in healthy levels of risk taking and open and transparent when needing support from specialist health services."

There was a strong person centred culture within Patrick Court that was demonstrated throughout this inspection through our observations and conversations with staff and the senior management team. Staff were consistently able to articulate the vision of the service which was to provide personalised care and support to enable people to live independently and become active members of the local community and demonstrated this during their day to day practice. It was evident that the positive person centred culture was so strong that staff within the service did not realise they were providing such consistently outstanding care and interaction with people. The impact of this culture was apparent throughout our inspection in the positive interactions we observed between staff and people and in the activities provided and new experiences that people were consistently enabled to partake in.

Staff were encouraged and enabled to work creatively with the people they were supporting, empowering them to participate in new experiences which enhanced people's quality of life and well-being. People had been supported to create their own home, purchasing furniture; paying bills and developing the skills that they needed to maintain their home. People's individual outcomes were outstandingly positive for people who were experiencing independence with support for the first time after living in institutionalised secure settings. During our inspection we observed that people were supported on day trips to the sea side, to go for walks, shopping and to engage in sensory activities with staff. People were enabled to lead busy and fulfilled lives and instances of incidents of challenging behaviours which had been apparent when first using the service had been consistently decreasing as staff worked with people.

This person centred culture was reinforced by the senior management team consisting of the registered manager and scheme manager who were committed to supporting people to live independently. These values were considered from the first contact senior staff had with people applying for jobs. The scheme manager told us, "Our recruitment is based upon values. You need staff to have the right values and to want to work in care and to understand that people should be supported in the way that they want to be supported. You can support staff through training to learn the skills they need but you can't teach values." New staff were assessed against the competencies of learning, creativity and openness; respect, diversity and dignity; honesty and integrity; compassion; and empathy. Staff clearly shared the provider values which had actively contributed to the positive interactions and outcomes for people that we observed during this inspection and these values were enhanced and monitored during supervisions and team building, team meetings and interactions with senior members of staff. The provider focused upon the continual

development and reinforcement of these values with staff because they knew that the positive values would positively influence the care and support that people received. For example; the providers policies and procedures were designed around the values of person centred care. The registered manager encouraged staff to reflect upon their practice to consider how p[people wished to be supported and how staff could work differently to support people in achieving their aims and aspirations during incident de-briefing sessions, team meetings and supervisions.

The registered manager and provider also created and encouraged an open, reflective learning culture. NCHA promoted the use of reflective practice for all staff. Staff were given reflective practice diaries and were encouraged to reflect on incidents, whether they went well or not so well, and to bring their diaries to supervision sessions so they could discuss these further with their manager. This reflective practice had contributed to the decrease in incidents that we observed during this inspection. Managers also focussed upon 'great interactions' and encouraged staff who had interacted well with a particular service user to reflect upon what made that interaction work and how they had supported a person to achieve an particular outcome so that this learning could be shared with other staff supporting that individual. The provider rewarded staff for demonstrating their values through VIP awards (Values in Practice Awards) and further reinforced and promoted the positive culture that we found during this inspection.

Staff consistently told us that the management team were, 'Amazing'. One member of staff told us, "I had never worked in care before, but the management team have supported me and I feel confident and love working here now." Another person told us, "The management team are awesome. I love coming to work, it's amazing to see the achievements of the people we work with. That's why we all come to work."

The registered manager actively monitored staffing levels and ensured that people were supported by a consistent and stable staff team and recognised that this stability was key to the impact of the support that people received at Patrick Court. The registered manager had created small teams of staff to work with each individual receiving care and matched staff and people by personality and shared interest to aid the creation of positive therapeutic relationships. One member of staff told us, "I worked with [Person] and it was obvious that we just didn't gel. I spoke to the registered manager and although the person wasn't able to say that we didn't really get on we could tell. I now work with someone else. It's not a bad thing we just need to accept that sometimes people won't gel with us and respect their feedback."

The registered manager worked with the local Clinical Commissioning Group (CCG) to develop the commissioning strategies for people with behaviours that may challenge services and to transform the care in Northamptonshire to one focussed on Positive Behavioural Support to minimise the need for restrictive care interventions. The registered manager was able to share their learning of supporting people to transition into their own homes with other providers and the CCG for the benefit of people wanting to transition from secure services across Northamptonshire.

There was a strong system of quality assurance led by the provider to ensure that the care and support received by people was of a consistently high standard. We saw that regular audits had been completed and actions had been identified and completed by the registered manager at Patrick Court. For example, previously the provider had recognised that there had been an issue with medicine errors within the service and the registered manager had focussed on supporting staff to administer people's medicines safely. Increased training and observation of staff were completed to ensure that they were administering people's medicines safely and we saw that this had been effective at minimising instances of medicine errors. People could be assured that they were receiving support to have their prescribed medicines in a safe way.

The provider had also completed satisfaction surveys with people and their relatives to gather their views

and feedback and were in the process of analysing this information to contribute to the on going development of the service. The provider supported staff to create a positive working environment through a staff social fund and team building activities and recognised that staff needed to be supported and motivated in order to support people well and to provide high quality care.

The registered manager told us that they were supported by the provider to work innovatively and to provide consistently outstanding care to people. The registered manager told us, "NCHA are a great organisation. They want to work creatively and to achieve amazing results for people. It is a great place to work." The provider also supported staff and the development of the service through the facilitation of focus groups to reflect upon what was working well in all of the services operated by NCHA and could be shared across the organisation. Staff at Patrick Court were active members of the Positive Behavioural Support focus group. The 'quality supervisor' at Patrick Court had recently trained to become a trainer in Positive Behavioural Support to further embed this approach within the service.

The care and support that people received was informed by best practice guidance and research from the British Institute of Learning Disabilities (BILD,) the National Development Team for Inclusion (NDTI) as well as the Skills for Care guidance for employers in supporting staff working with people who challenge services. We observed that this had resulted in positive outcomes for people through reduced instances of incidents and staff working creatively to minimise people's anxiety. The providers' positive behavioural support policy aimed to "To provide a policy framework to support staff in the use of the Crisis Prevention Institute's Management of Actual or Potential Aggression (MAPA) techniques within the context of aiming to continually reduce the use of restrictive physical intervention." During our inspection we saw that staff had effectively applied this policy on a day to day basis and had successfully reduced the use of physical intervention by focusing upon providing person centred positive behavioural support.

NCHA as an organisation had also signed up to the Restraint Reduction Network which is an independent network that brings together committed organisations providing education, health and social care services for people who may challenge. For people using the service this meant that they were supported by staff that worked with them proactively to understand the triggers to people's anxiety that may cause them to display behaviour that challenges services. This had directly contributed to a reduction in incidents and a reduced need for staff to access intensive training in managing physical aggression. The network has an ambitious vision to deliver restraint-free care and support and make a real difference in the lives of people who use services. NCHA had adopted the 12 values of this network which were underpinned by the belief that "All people are entitled to equal enjoyment, social justice and the protection of human rights and fundamental freedoms. Regardless of the behavioural challenges people might present, everyone will be treated with respect and dignity and their Care, Welfare, Safety and Security will be maintained" NCHA successfully used national guidance on best practice to inform their policies at an organisational level, which in turn informed training at local level and resulted in very clear positive outcomes for individual service users at supported by Patrick Court.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager demonstrated that they worked transparently and had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.